**Red Ribbon Kick-Off**

**Performance Registration Form**

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| **Primary Contact Information** |  |
| Requesting School / Organization: |  |
| Contact:  | Phone #:  | Cell Phone:  |
| Email:  |
| Address:  |
| City:  | State:  | ZIP Code:  |

|  |  |
| --- | --- |
| **Type of Performance**i.e. (Band/chorus/step)  |  |
| Performance Type: | Number of performers: | Length of performance:  |
| Contact:  | Phone:  | Cell:  |
| Email:  |
| **Note:** Performance time must be **5 minutes** or less. |
| Please describe performance in detail & include any stage requirements or accommodations needed. |

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| **DBHDD Use Only:** |  |
| Request Received: | Approved:  | Denial Reason:  |

**Please Note:**

Selections are based on a first come first served basis in order of registration receipt along with performance adhering to drug free, healthy living lifestyle.